

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1			101	1			
2			102	7			
3			103	0			
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24	1						
25							
26							
27							
28							
29							
30							
31							
32		1					
33							
34		1					
35	1						
36		2					
37							
38							
39							
40		1					
41							
42							
43		1					
44							
45							
46							
47		6					
48							
49		2					
50		0					
TOTAL IND.			24				
TOTAL DEP.			124				
TOTAL CLAIMS			146				